

PRACTITIONER ORDER SET

Site/Facility _____

**INFANTS BORN TO HIV POSITIVE INDIVIDUALS
INITIAL Medication and Care Orders**



Allergies: <input type="checkbox"/> See Regional Allergy / Intolerance Record OR:	Actual Patient Birth Weight _____ Kg
	Gestational Age _____ weeks

To complete the order form, fill in required blanks and check the appropriate boxes (<input type="checkbox"/>). Pre-checked boxes (<input checked="" type="checkbox"/>) are initiated automatically. To delete orders, draw one line through the item and initial.	Date/Time Initials
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Order set to be applied in all sites with Obstetrical Services. When gestational age/other considerations require transfer, transferring site to ensure infant receives 1st dose of required medication(s) within 6 hours of birth.

*Orders to be completed by Most Responsible Practitioner when patient is admitted at delivery.
Refer to [SHA-0150 Recommendations from Maternal/Parental HIV Provider to Obstetrics and Pediatrics](#)
if received from Maternal/Parental HIV Provider in advance of delivery.*

General Orders for All Risk Categories

Medication

- Initial medication dose(s) based on weight and gestational age at time of birth
- Administer medications as soon as possible after birth
NOTE: Cleanse skin with soap and water, then alcohol swab prior to skin puncture to decrease risk of HIV transmission (e.g. prior to initiating IV).
- Routine newborn orders as per local order set or as prescribed on physician's order sheet

Consults

- For Regina & Integrated Rural Health, contact ID Clinic to inform of birth. Call Nursing Coordinator at 306-766-3502 immediately if urgent questions, otherwise during daytime hours
- For Saskatoon & Integrated Northern Health and infants categorized as 'High Risk' contact ID Clinic to inform of birth, **page RUH Pediatric ID On-Call**. Call 306-655-1000 immediately if urgent questions, otherwise during daytime hours
- Call local HIV care program at delivery for SK Formula Program (leave message if needed):
 - * Saskatoon and area: Positive Living Program 306-655-1783
 - * Regina and Integrated Rural Health: Social Worker 306-766-3994
 - * Prince Albert and Integrated Northern Health: Positive Care Program 306-765-6544

Feeding

*****Breast/chestfeeding not recommended. If further information required, contact Peds ID*****

Discharge

- Counsel regarding infant medication administration, infant feeding education and access
- Call Saskatoon Pediatric ID office 306-844-1159 or Regina ID office 306-766-3502 for follow up

Complete above orders and select additional orders on the following pages based on risk of HIV transmission:

- High Risk (Page 2 - 3)
- Intermediate Risk (Page 4)
- Low Risk (Page 5)

Practitioner:	_____	_____	_____
	PRINTED NAME	SIGNATURE	DATE/TIME

Approved by: Departments of Obstetrics & Gynecology and Pediatrics, August 2021

Approved for use by: Provincial Order Set Committee April 2022

CS-OS-5801 April 26, 2022

Inquiries about this order set can be sent to clinicalstandards@saskhealthauthority.ca

PRACTITIONER ORDER SET

INFANTS BORN TO HIV POSITIVE INDIVIDUALS
INITIAL Medication and Care Orders

To complete the order form, fill in required blanks and check the appropriate boxes ()

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Date/Time
Initials

High Risk of Perinatal HIV Transmission (3 medications required)

High risk is any one of the following:

- a) *maternal/parental HIV viral load greater than or equal to 400 copies/mL or unknown within 6 weeks of delivery*
- b) *mother / birthing parent did not receive antepartum HIV medication;*
- c) *HIV seroconversion during pregnancy; OR*
- d) *possible lack of HIV medication adherence since last HIV viral load*

Medication

****Initial medication dose(s) based on weight and gestational age at time of birth (see page 1)****

*****Administer medications as soon as possible after birth*****

1. **Zidovudine IV or PO (select one).** First dose given on _____ (date) at _____ (time)

Gestational Age less than 35 weeks

zidovudine (2 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (1.5 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (2 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

Gestational Age 35 weeks and greater

zidovudine (4 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (3 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (4 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

2. **Nevirapine PO (select one).** First dose given on _____ (date) at _____ (time)

Call Special Access Pharmacy, 306-655-2280 at birth to arrange for supply PRIOR to discharge

Gestational Age less than 34 weeks

Page Pediatric Infectious Diseases On-Call (306-655-1000) within 2 hours of birth for dosing recommendation

nevirapine _____ mg PO q12h

Gestational Age 34 - 36 6/7 weeks

nevirapine (4 mg/kg/dose) _____ mg PO q12h

Gestational Age 37 weeks and greater

nevirapine (6 mg/kg/dose) _____ mg PO q12h

HIGH Risk orders continued on next page

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3. lamiVUDine PO (select one). First dose given on _____ (date) at _____ (time)

Gestational Age less than 32 weeks

- Page Pediatric Infectious Diseases On-Call (306-655-1000) within 2 hours of birth for dosing recommendation
- lamiVUDine _____ mg PO q12h

Gestational Age 32 weeks and greater

- lamiVUDine (2 mg/kg/dose) _____ mg PO q12h

Consults

- Consult Pediatric Infectious Diseases for infant in High Risk category to inform of birth
Page RUH Pediatric ID On-Call, call 306-655-1000 immediately if urgent questions, otherwise during daytime hours

Lab Investigations

- HIV Viral Load** - Roy Romanow Provincial Lab (RRPL) Requisition within 48 hours of birth, send STAT
 - Call appropriate lab contact for site to obtain approval and arrange STAT shipping
 - Inform RRPL Microbiologist on call about STAT HIV Viral Load by calling 1-306-798-1234

Discharge

- Ensure medications zidovudine and lamiVUDine (6 weeks total of each) are provided from ward supply
- Nevirapine supply upon discharge must be provided by Special Access Pharmacy, not ward supply (6 weeks total)
- Complete and provide parent(s) with [SHA 0151 Discharge Instructions for Baby](#)

INTERMEDIATE Risk orders on next page

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Initials

Intermediate Risk of Perinatal HIV Transmission (2 medications required)

Intermediate risk is a maternal / parental HIV viral load between 50 to 400 copies/mL within 6 weeks of delivery AND maternal / parental adherence is not a concern

Medication

1. **zidovudine IV or PO (select one)**. First dose given on _____ (date) at _____ (time)

Gestational Age less than 35 weeks

(ID/Neonatologist to reassess duration and dosing as needed – see attached Clinical Support Page)

zidovudine (2 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (1.5 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (2 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

Gestational Age 35 weeks and greater (recommended duration of therapy 6 weeks)

zidovudine (4 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (3 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (4 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

2. **Nevirapine PO (select one)**. First dose given on _____ (date) at _____ (time)

Gestational Age less than 32 weeks

Page Pediatric Infectious Diseases On-Call (306-655-1000) within 2 hours of birth for dosing recommendation

nevirapine _____ mg PO once on day 0 (day of birth), day 2 and day 6 of life (3 doses total)

Gestational Age 32 weeks and greater

Birth weight 1.5 to 2 kg: nevirapine 8 mg PO once on day 0 (day of birth), day 2 and day 6 of life (3 doses total)

Birth weight greater than 2 kg: nevirapine 12 mg PO once on day 0 (day of birth), day 2 and day 6 of life (3 doses total)

Discharge

Provide remaining zidovudine (6 weeks total) from ward supply

Provide remaining nevirapine pre-drawn doses in syringes from ward supply (likely for days 2 & 6)

Complete and provide parent(s) with [SHA 0151 Discharge Instructions for Baby](#)

Low Risk orders on next page

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Date/Time
Initials

Low Risk of Perinatal HIV Transmission (1 medication required)

Low risk is a maternal / parental HIV viral load less than 50 copies/mL within 6 weeks of delivery AND maternal / parental adherence is not a concern

Medication

1. **zidovudine IV or PO (select one).** First dose given on _____ (date) at _____ (time)

Gestational Age less than 35 weeks

(ID/Neonatologist to reassess duration and dosing as needed – see attached Clinical Support Page)

zidovudine (2 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (1.5 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (2 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

Gestational Age 35 weeks and greater (recommended duration of therapy 4 weeks)

zidovudine (4 mg/kg/dose) _____ mg PO q12h

OR

zidovudine (3 mg/kg/dose) _____ mg IV q12h

Change to zidovudine (4 mg/kg/dose) _____ mg PO q12h when infant tolerates feeding

Start PO within 6 hours of last IV dose. Notify Pharmacy of change.

Discharge

Provide remaining zidovudine (4 weeks total) from ward supply

Complete and provide parent(s) with [SHA 0151 Discharge Instructions for Baby](#)

Other

*****Recommendations in this order set have been modified from DHHS Guidelines, December 29, 2020.*****

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Clinical Support Page for preterm infants:

- For sites with an NICU providing care for preterm infants, utilize the following guideline for reassessment of doses for advancement due to gestational maturation:

Reassessment of Zidovudine dosing: adjustments for gestational maturation

- zidovudine oral dosing: starting at 2mg/kg/dose
 - For gestational ages 30 to 34 6/7 weeks at birth only, reassess after 2 weeks for dosage adjustment to 3 mg/kg/dose PO q12h
 - For gestational age less than 30 weeks at birth, reassess after 4 weeks for dosage adjustment to 3 mg/kg/dose PO q12h

- zidovudine IV dosing: starting at 1.5mg/kg/dose

- For gestational ages 30 to 34 6/7 weeks at birth only, if remains on IV therapy, reassess after 2 weeks for dosage adjustment to 2.3 mg/kg/dose IV q12h

Reassessment of nevirapine dosing: (high risk infants only):

- nevirapine oral dosing: adjustments for gestational maturation
 - For all gestational ages, reassess based on direction of Pediatric Infectious Diseases.
Page RUH Pediatric ID On-Call, call 306-655-1000 immediately if urgent questions, otherwise during daytime hours.

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